

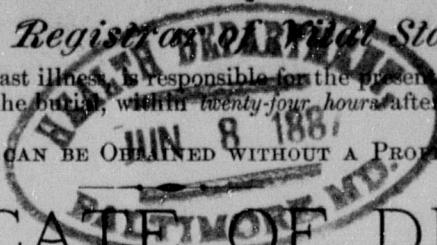
The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. A 241 Office of Registrar of Vital Statistics. Ward 10 ¹⁰/₄

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 6, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } 1pm 26 Morris

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Real Estate Agent

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 315 N. Paca St.

Cause of Death, { First (Primary), Second (Immediate), }

Softening of the Brain
3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 8th 1887

Undertaker, Steward & Neoven

M. D.

Medical Attendant.

Place of Business, 215 & 217 Park Ave. Address, 518 Boundary St.
Mt Royal & Boundary areas

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to insist on disclosure on the back of this certificate.

Health Department, City of Baltimore.

Permit No. **A 242**

Office of Registrar of Vital Statistics.

Ward **8¹⁰**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PERMIT CERTIFICATE.

JUN 8 1887

B

CERTIFICATE OF DEATH.

Date of Death,

Tuesday June 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Willie P. Wood.

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age,

3 Years,

Months,

10

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Balt. Md

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Life time

Duration of Residence in the City of Baltimore,

1006 Forrest Place

Place of Death, { Give Street and Number. }

*Pharyngeal & Nasal Diphtheria
Blood poisoning & Exhaustion*

Duration of Last Sickness,

4 days.

All the above information should be furnished by the Physician.

Place of Burial, *Holy Cross Cemetery*

Date of Burial, *June 8th 1887*

Undertaker, *Evans & Spence*

Wehner Branton M. D.

Medical Attendant.

Place of Business, *1000 E. Baltimore* Address, *Chase St. & Forrest Place.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 243

Office of Registrar of Vital Statistics.

Ward 18²

The Physician who attended any person in a last illness, is responsible for the information of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours of the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



JUN 8 1887

CERTIFICATE OF DEATH.

Date of Death, June 6th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Brown.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, _____ Years, 4 Months, _____ Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 855 Stockholm St

Cause of Death, { First (Primary), Second (Immediate), } Since birth - of mrs. E. Brown

Duration of Last Sickness, 24 mos.

All the above information should be furnished by the Physician.

Place of Burial, Maryland Cemetery

Date of Burial, June 8 1887

Undertaker, W. Ross

Place of Business, 404 Carrollton

F. J. Flanery

M. D.

Medical Attendant.

Coroner

Address, 1701 Dr. Hill Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Examinations below, for the purpose of Discovering the Cause of Death.

Health Department, City of Baltimore.

Permit No. A 244

Office of Registrar of Vital Statistics.

Ward 5th

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Barbara Stadelmeyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 58 Years, 10 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, { Give Street and Number. } 1101 E.ager St.

Cause of Death, { First (Primary), Phthisis pulmonalis
Second (Immediate), Miliary Tuberculosis }

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 9th 1887

Undertaker, Geo Schilling

Place of Business, Island Syrup Address, 610 S. Sharp St.

Mr. Gombel

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 245

Office of Registrar of Vital Statistics.

Ward 2^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C

Date of Death,

June 7/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Henry James

Sex, Male or Female, { Cross out the word not required in this line.

Male

Age, — Years,

Years,

4

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Single

Occupation,

Baltimore City

Birth Place, { State or country, and how long in the United States, if of foreign birth.

life

Duration of Residence in the City of Baltimore,

522 S. Bethel St

Place of Death, { Give Street and Number.

Diarrhoea Gastro Enteritis
Asthenia

Cause of Death, { First (Primary),

Second (Immediate),

One week

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical cem

Date of Burial, June 8th 1887

{ Undertaker, H. Pander & Son

Jas. E. Gibbons M. D.

Medical Attendant.

{ Place of Business, 1710 Carlton St. Address, 833 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 246

Office of Registrar of Vital Statistics.

Ward 121

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 6th 1881

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Elizabeth Kremer

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 61

Years, 10

Months, 25

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, Storekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, About 38 years

Place of Death, { Give Street and Number. }

2420 Canton Avenue

Cause of Death, { First (Primary), Second (Immediate), }

Typhoid Fever
Exhaustion

Duration of Last Sickness,

About 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cemetery

Date of Burial, June 9th 1881

Undertaker, W. Sander & Son

James J. Shaw M. D.

Medical Attendant.

Place of Business, 1410 Canton Ave Address, 2225 E. Pratt Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department of the City of Baltimore.

Permit No. A. 247

Office of Registrar of Vital Statistics.

Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Berserman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 10 Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md -

Duration of Residence in the City of Baltimore. 10 months

Place of Death, { Give Street and Number. } 1011 Agait St.

Cause of Death, { First (Primary), Marasmus }

{ Second (Immediate), }

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Recemter Cemetery

Date of Burial, June 9, 1887 R G Rankin M. D.

{ Undertaker, Henry Hoestee Son }

{ Place of Business, 1023 Central Ave Address, Hanover, Md }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

Health Department City of Baltimore.

Permit No. A 248

Office of Registrar of Vital Statistics.

Ward 1¹¹

The Physician who attended any person in his illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 7/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sophronia Minstead

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 Years, 4 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 9 yrs.

Place of Death, { Give Street and Number. } 2010 Eough St.

Cause of Death, { First (Primary), Dyslochia
Second (Immediate), Uraemic poisoning }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Old Mt. Olivet Cem.

Date of Burial, June 9th 1887 R.W. Mansfield M. D.

Undertaker, G. France

Medical Attendant.

Place of Business, Bank & Walker Address, 129 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to LIST of DISEASES on BACK of THIS CERTIFICATE.

Health Department, City of Baltimore.

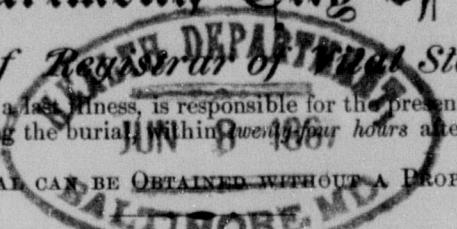
Permit No. A 249

Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, JUN 9 1887, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death,

June 6th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Anna Lapp

Sex, Male or Female, { Cross out the word not required in this line.

Female

Age,

33 Years,

7 Months,

22 Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line.

married

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give Street and Number.

508 S. Port St

Cause of Death, { First (Primary),

Traumatic Tetanus

Second (Immediate),



Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician.

Place of Burial,

St. Alphonsus Cemetery

Date of Burial,

June 9th 1887

Undertaker,

G. Brance

Place of Business,

Banks & Wolfe

P. J. Dawson M.D.

Medical Attendant.

Address, 1727 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

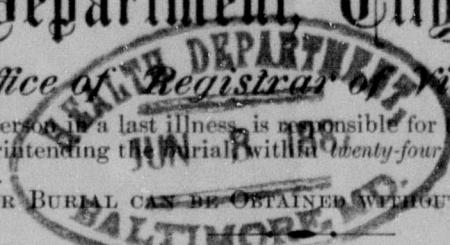
Permit No. A 250

Office of Registrar of Vital Statistics.

Ward 1¹¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

CERTIFICATE OF DEATH.

Date of Death, June 8th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Settemeyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 61 Years, 8 Months, — Days.

Color, brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Shoemaker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give Street and Number. } 302 S. Hollister

Cause of Death, { First (Primary), Acute pernicious Anaemia, Second (Immediate), hæmorrhage }

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, June 10th 87

Undertaker, G. France

Place of Business, Banks & Wolf Address, 1123 S. Patterson St.

Plattner M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]